



9. Are you presently permanently employed full-time or part-time by:

A. The State of Hawaii? _____ Yes _____ No

B. The City and County of Honolulu: _____ Yes _____ No

If "Yes," please state Department/Division: _____

10. Are you a retiree of the State of Hawaii OR the City and County of Honolulu? _____ Yes _____ No

PLEASE NOTE: Information requested in items 11-13 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you for employment. The circumstances of each individual case will be evaluated against the requirements of the position applied for to determine suitability for employment.

11. Dismissals from employment/dishonorable separations from military service:

Within the past 5 years, were you fired, asked to resign from employment, terminated for cause, dismissed or discharged from military service under conditions other than honorable? _____ Yes _____ No

(If you answer "Yes," please indicate in item 14 below the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. Conviction for a violation of law:

Note: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions
- (2) Convictions which were annulled or expunged
- (3) Offense for which you were tried as a minor or juvenile
- (4) Convictions of a penal offense for which only a fine and no jail sentence may be imposed
- (5) Conviction of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

A. Have you been convicted for a violation of law? _____ Yes _____ No

B. Within the past three years, have you been convicted of any offense related to controlled substances? _____ Yes _____ No

C. Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or Federal government by force or violence? _____ Yes _____ No

13. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, have any restrictions that you would not seek further employment with the State of Hawaii? _____ Yes _____ No

14. Use this space to explain "Yes" answers to items 11-13 (above) or for additional information to item 21 (located on page 4).

15. List type of special qualifications or skills possessed: _____

16. Please indicate the kind and registration number of license or certificate you possess (include automobile operator's license):

17. Please list names, addresses, and telephone numbers of references:

Name	Address	Telephone Number
Name	Address	Telephone Number

18. Education:

A. Last grade school attended (elementary, intermediate, or high school):

Name	Address	Highest Grade Completed
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B. In-Service training, business, trade, armed forces, college or university, graduate or professional schools:

<u>Name and Location</u>	<u>No. of credits or Hours completed</u>		<u>Course or Major Field of Study</u>	<u>Kind of Degree Diploma or Certificate Received</u>
	<u>Semester</u>	<u>Quarter</u>		

19. WRITE IN THE DAILY BLOCKS BELOW THOSE HOURS YOU ARE AVAILABLE TO WORK:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Additional comments: _____

20. I certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of material facts herein shall cause forfeiture of all rights to any employment in the service of the Stadium Authority.

_____ Date	_____ Signature of Applicant
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21. Experience: Please begin with your present or last employment and work backwards. Account for all periods of employment including military service and volunteer work, and period of unemployment, in separate blocks. If more space is needed, fill out a blank sheet and attach it to this form or continue with notations on page 2 of this form.

Employer _____ Address _____ _____ Supervisor's name & title _____ _____ Your title _____ Duties and responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year Average hours worked per week _____ Starting salary \$ _____ per _____ Ending salary \$ _____ per _____ Reason(s) for leaving: _____ _____ _____
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Employer _____ Address _____ _____ Supervisor's name & title _____ _____ Your title _____ Duties and responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year Average hours worked per week _____ Starting salary \$ _____ per _____ Ending salary \$ _____ per _____ Reason(s) for leaving: _____ _____ _____
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Employer _____ Address _____ _____ Supervisor's name & title _____ _____ Your title _____ Duties and responsibilities _____ _____ _____ _____	From: _____ Month Year To: _____ Month Year Average hours worked per week _____ Starting salary \$ _____ per _____ Ending salary \$ _____ per _____ Reason(s) for leaving: _____ _____ _____
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I hereby authorize my present and/or former employers listed above to verify and release employment information.

Signature

Date